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UTILITY	Attorney Docket No. 163-351							
PATENT APPLICATION	First Inventor or Application Identifier Antonio NICOLINI							
TRANSMITTAL	Title Payment systemvending machine							
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)	Express Mail Label No. EL903125429US							
APPLICATION ELEMENTS	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application							
See MPEP chapter 600 concerning utility patent application conten	ts. Washington, DC 20231							
* Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	Microfiche Computer Program (Appendix)							
2. X Specification [Total Pages 1.0	6. Nucleotide and/or Amino Acid Sequence Submission							
(preferred arrangement set forth below) - Descriptive title of the Invention	(if applicable, all necessary) a. Computer Readable Copy							
- Cross References to Related Applications	<u> </u>							
 Statement Regarding Fed sponsored R & D 								
 Reference to Microfiche Appendix 	c. Statement verifying identity of above copies							
- Background of the Invention	ACCOMPANYING APPLICATION PARTS							
Brief Summary of the Invention Brief Description of the Drawings (if filed)	7. X Assignment Papers (cover sheet & document(s))							
- Detailed Description	8. 37 C.F.R.§3.73(b) Statement Power of							
- Claim(s)	9. English Translation Document (if applicable)							
- Abstract of the Disclosure	Information Disclasure							
3. X Drawing(s) (35 U.S.C. 113) [Total Sheets 2] 10. Statement (IDS)/PTO-1449 Citations							
Oath or Declaration [Total Pages]] 11. Preliminary Amendment							
a. X Newly executed (original or copy)	12. X Return Receipt Postcard (MPEP 503)							
b. Copy from a prior application (37 C.F.R.	§ 1.63(d)) Small Entity Statement fled in action and light							
(for continuation/divisional with Box 16 comple	13. Statement(s) Statement filed in prior application, (PTO/SR/99-12) Status still proper and desired							
' Signed statement attached dele	ting 14 Certified Copy of Priority Document(s)							
inventor(s) named in the prior app see 37 C.F.R. §§ 1.63(d)(2) and 1	lication, (If foreign priority is claimed)							
NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL	TENTOTAL TOLLER.							
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. §	1.28).							
16. If a CONTINUING APPLICATION, check appropriate bo	ox, and supply the requisite information below and in a preliminary amendment:							
Continuation Divisional Continuation-in-part (CIP) of prior application No:								
Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire dis-	Group / Art Unit: closure of the prior application, from which an oath or declaration is supplied							
under Box 4b, is considered a part of the disclosure of the acc	companying continuation or divisional application and is hereby incorporated by portion has been inadvertently omitted from the submitted application parts.							
	ONDENCE ADDRESS							
Customer Number or Bar Code Label								
	or X Correspondence address below o. or Attach bar code label here)							
James V. Costigan, Esc								
HEDMAN & COSTIGAN, P.O								
Address 1185 Avenue of the Ame	ricas							
Suite 2003								
	tate NY Zip Code 10036-2646							
Country U.S.A. Telepho	ne (212) 302-8989 Fex (212) 302-8998							
Name (Print/Type) James V, Costigan,	Esq. Registration No. (Attorney/Agent) 25,669							
Signature	Date 10/15/01							
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Not Yet Assigned

Concurrently Herewith

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for FY 2000

Application Number

Filing Date

Patent tees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity state.	ment	First	First Named Inventor I			Anto	Antonio NICOLINI			
otherwise large entity fees must be paid. See Forms PTO/SB/05	9-12.	Examiner Name								
See 37 C.F.R. §§ 1.27 and 1.28.		Group / Art Unit								
TOTAL AMOUNT OF PAYMENT (\$) 780.00	780.00			Attorney Docket No.			163-351			
METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)								_	
The Commissioner is hereby authorized to charge	3. A	ADDIT	DDITIONAL FEES							
indicated tees and credit any overpayments to:	Large Entity Small Entity									
Deposit Account 08-1540	Coc	de (5)	Cod	e (\$)			Description		Fee Paid	
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FEE CALCULATION	115	110	215	55			ly within first			
1. BASIC FILING FEE	116			190			ly within sec			
Large Entity Small Entity	117		217				ly within third			
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101 690 201 345 Utility filing fee 740		1,850	228				ly within fifth	month		
106 310 206 155 Design filing fee	119		219			of Appeal				
107 480 207 240 Plant filing fee	120			150	-	a oner in si st for oral l	upport of an a	appear		
108 690 208 345 Reissue filing fee	121	260 1,510	138				-	e proceeding		
114 150 214 75 Provisional filing fee	140		240	55			- unavoidabl		<u> </u>	
SUBTOTAL (1) (\$) 740.00		1,210	241				- unintention		-	
2. EXTRA CLAIM FEES		1,210	242		Utility is	ssue fee (d	or reissue)		-	
Fee from Extra Claims below Fee Paid	143		243	215	Design	issue fee			-	
Total Claims 6 -20** = 0 X 0 = -0-	144	580	244	290	Plant Is	ssue fee				
Independent 1 - 3** = 0 x 0 = -0-	122	130	122	130	Petition	ns to the C				
Multiple Dependent 0 = - 0 -	123		123	50	Petition	ns related t	o provisiona	applications		
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	126	240	126	240	Submis	ssion of Int	ormation Dis	closure Stmt		
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Record	jing each p ty (times n	eatent assign	ment per perties)	40.00	
103 18 203 9 Claims in excess of 20	146	690	246	345	Filling a	submissi	on after final	rejection		
102 78 202 39 Independent claims in excess of 3	149	690	249	345		R§ 1.129 ch addition	a <i>))</i> al invention :	to ho		
104 260 204 130 Multiple dependent claim, if not peid 109 78 209 39 ** Reissue independent claims over original patent	011	4 (16.5		examin	ned (37 CF	R § 1.129(b))		
110 18 210 9 ** Reissue claims in excess of 20	oner	iee (sp	sciry)							
and over original patent	Other	fee (sp	ecify)					***************************************		
SUBTOTAL (2) (\$) -0-	Redu	uced by	Basic	Filing	Fee Paid	, s	UBTOTAL	(3) (\$)	40.00	
SUBMITTED BY							Complete (ii	applicable)		ว
Name (PrintiType) James V. Costigan		Registr (Attorne			25,6	69	Telephone	212-30	2-8989	1
Signature XV Cr							Date	10/15/	01	1
WARNING:										_

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